GOVERNMENTAL AGENCY (under Fam. Code, §§ 17400, 174 bar number, and address):	06) or ATTORNEY OR PARTY WITHOUT	ATTORNEY (Name, state	FOR COURT USE ONLY
_			
TELEPHONE NO.:	FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):	TAX NO. (Optional).		
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNT STREET ADDRESS:	Y OF		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME: PETITIONER/PLAINTIFF:			
FETTIONER/FLAINTIIT.			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
ORDER AFTER HEARING ON MOTION TO SET ASIDE SUPPORT ORDER			CASE NUMBER:
This proceeding was heard			
on (date):	at (time):	in Dept:	Room:
by Judge <i>(name):</i>	Tempora	•	
2. a. Petitioner/plaintiff present	Attorney	present (name):	
b. Respondent/defendant present		present (name):	
c. Other parent present		present (name):	
d. Governmental agency	By (name	e):	
3. The support order filed (date):	orde	ering <i>(name):</i>	
to pay support to (name):		3 ()	
a. is not set aside			
b. is set aside on the following gro	unds (specify):		
4. Other (specify):			
4. Other (<i>specify).</i>			
Date:	-		ILIDICIAL OFFICED
Approved as conforming to court order:			JUDICIAL OFFICER
FF. 1. 100 00 comming to doubt order.			
		•	
		<u> </u>	
(TYPE OR PRINT NAME)		SIGNATURE OF ATTORNE	PETITIONER//PLAINTIFF RESPONDENT/DEFENDANT
			OTHER PARENT
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